

Health Care Perspectives from Burmese Refugees

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Background:

Indianapolis is home to one of the largest Burmese Chin refugee populations outside of Myanmar. Out of the 10,000 Burmese in Indianapolis, over 8,000 are of Chin ethnicity, which is 20% of all Burmese Chin living in the United States. Providers caring for these refugees share concerns that this population may have difficulty accessing care because of language barriers. The goal of this study was to better understand Burmese adult and adolescent views of the U.S. healthcare system

Methods:

This was a qualitative study that used the phenomenological approach to understand the experience of Burmese refugees. Six focus groups were held from March to May 2013. Discussions were facilitated by MM, in the presence of a trained Burmese interpreter. Any Burmese refugees living in Indianapolis were eligible to participate and were recruited from the Southport Public Library, Burmese-specific ESL courses, and the Burmese community center. Transcripts from focus groups were individually coded by three authors (MM, AD, RH) using NVivo10 (QSR International). Codes with kappa agreements of 96% or more were the foundation for thematic analysis.

Findings:

Participants were predominantly Chin in ethnicity consisting of 16 adults (all females) and 17 adolescents (10 females, 7 males). Each focus group had between 2-10 participants. Qualitative data analysis identified themes relating to their experience accessing the healthcare system: 1) Time (long wait times at the clinic, pharmacy, and emergency departments) 2) Language barriers (heavy reliance on English-speaking community members, preferences in interpreting services) 3) Relationships with health care providers (traditional medicines, trust in physicians). Adults often ask adolescents to interpret for them. Adolescents felt comfortable with this responsibility, and some noted frustration when they were not allowed to interpret in clinics or emergency rooms. Concerns with long wait times were common and compounded by difficulties in obtaining an appropriate interpreter. Many of the adult participants preferred an internet-based video interpreting service over in-person interpreters because of increased dialect options, as well as shorter wait times. Although traditional medicines and healing techniques were used in refugee camps and occasionally in Indianapolis, most Burmese place trust with western medicine and report valuing and complying with physician recommendations. Many have a basic understanding of good health practices and the causes of illness. This is seen most consistently in the adolescent groups.

Interpretation:

Overall, Burmese Chin have adapted to their new home. Although they experience common frustrations with the healthcare system, these frustrations were exacerbated by long waits for an interpreter. Resources, such as a phone or video-based interpreter, are available in

most health care facilities and preferred by the Burmese. More research is needed to better understand the challenges of the Burmese population residing in the United States.

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